



# First 5 California Informal Child Caregiver Support Project

# **Focus Groups and Interviews Report**

# **Executive Summary**

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First 5 California Children and Families Commission and ETR Associates

Pamela Jakwerth Drake Lisa Unti Bayla Greenspoon Linda K. Fawcett

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# FIRST 5 CALIFORNIA INFORMAL CHILD CAREGIVER SUPPORT PROJECT FOCUS GROUPS AND INTERVIEWS EXECUTIVE SUMMARY

# Background

The First 5 California Informal Child Caregiver Support Project is a landmark initiative. It is the first large-scale investigation of the family, friend, and neighbor (FFN) caregiver (license-exempt) population in California—a population that provides care for vast numbers of young children. Varying studies and reports indicate that between 30% and 50% of all children less than 5 years of age are cared for in these types of arrangements, with the larger percentage reflecting families that are on public assistance such as CalWORKs. While this sector largely has been unconnected to supports and resources, this First 5 California project is serving to shed light on both the challenges and opportunities for children that exist in working with this FFN caregiver population.

Between June 18 and October 4 2003, ETR Associates conducted 37 focus groups with nearly 300 FFN caregivers or parents who use FFN care. Additionally, in November and December 2003, ETR Associates conducted interviews with 11 FFN caregivers who care for children with disabilities and other special needs and 10 parents of children with disabilities and other special needs who use FFN care. The specific objectives of the focus groups and interviews were to:

- 1. Determine what **support** FFN caregivers of children under age 6 in and around School Readiness Initiative programs in California counties need and want to support children's improvement in school readiness and developmental domains,
- 2. Determine what **strategies** would be best for providing this support to these FFN caregivers,
- 3. Determine what **materials** could be collected or developed for a supplemental materials packet to be used by FFN caregivers, and how these materials should be **distributed** to them.
- Determine the support needed by FFN caregivers who care for young children with disabilities and other special needs and if/how these needs vary from the needs of FFN caregivers in general.
- 5. Begin to identify some of the **personal and work-related characteristics** of this FFN caregiver population.

Caregivers participating in the project were unlicensed and cared for at least one child under age six. Parents had at least one child under age six who was cared for by an FFN caregiver.

#### **Site and Participant Selection**

Focus group locations were selected from within 25 counties that had funded First 5 School Readiness Initiative programs at the beginning of the 2003-2004 school year. In most cases, the median family income of the selected community was below the state median. Parents and FFN caregivers of children with disabilities and other special needs who participated in the interviews resided within nine counties. One of the primary goals in choosing focus group locations was to represent the various regions of the state as well as the ethnic and language diversity and other characteristics of the FFN caregiver population in California. Subgroup variables of interest in this study were:

- Ethnicity (African American, Asian, Caucasian, Hispanic),
- Subsidy status (family receives a subsidy/does not receive a subsidy),
- Relationship to child (related/not related), and
- Location (urban/rural).

For each focus group location and for interviews, individuals from the local community were recruited to serve as field coordinators based on nominations from Expert Group members,

project consultants, and County First 5 Executive Directors. These individuals helped locate the caregivers and parents in the communities and, for focus groups, set up focus group logistics. All field coordinators received training and a corresponding Field Coordinator Binder from ETR on recruitment and, for focus group coordinators, focus group logistics. The binder for the focus group coordinators also included a telephone survey, which field coordinators administered at the time of recruitment. Field coordinators received specific instructions about recruiting participants with specific characteristics identified for their location.

## Participant Demographics and Work Situations

Overall there were 284 eligible participants in the focus groups (245 caregivers and 39 parents). Groups ranged in size from 2 to 16 participants with a median of about 7.5. Eighty-two percent of those who had initially consented to participate showed up to the groups. Demographic data showed that<sup>1</sup>:

- Almost all participants were female.
- The average age of the caregivers was 43 years old, with a range of 15-86 years old.
- Almost half of the participants were Hispanic, and over 25% were Asian.
- Thirty-seven percent of the caregivers who participated in the focus groups reported being interested in obtaining a childcare license (see Figure 4); 35% of this 37% had ever attended a licensing orientation. About one-third of the caregivers were unsure about wanting a license, and about another third were not interested in obtaining a license.
- About 40% of the caregivers did not graduate from high school; 40% reported having some college or a college degree.
- Sixty-four percent of the participants were not in a subsidy program.
- Over 40% of the caregivers cared for a grandchild or used a grandparent as caregiver, and over 30% cared for a child or used a caregiver who was not a relative.
- Eleven percent reported caring for (caregivers) a child with disabilities or other special needs or having (parents) a child with disabilities or other special need who was in FFN care.
- Less than 50% of the caregivers had had CPR training, with about 25% having had it in the past two years.
- On average, the caregivers work something close to a typical 5-day, 40-hour workweek.
- Six percent work after 7pm on at least one day during a typical week, 15% typically work weekends, and 8% typically work both after 7pm and weekends.

The 21 participants in the interviews with parents/caregivers of children with disabilities and other special needs were similar to those participating in the focus groups. However, the average age was slightly older, more spoke English and had a college degree, fewer were receiving or working for families who received a subsidy, and on average they worked for about one day less a week. The children discussed had a variety of disabilities and other special needs. Most common were:

- medical needs, including asthma,
- physical or sensory needs, and
- autism.

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<sup>&</sup>lt;sup>1</sup> Note that these data are not necessarily representative of the entire population of FFN caregivers in California. These reflect the demographics of the <u>study</u> population, which was not a random sample, but rather a purposeful sample of caregivers mostly in and around neighborhoods with School Readiness Initiative programs.

About 60% of the children were receiving some sort of early intervention, including Early Start, occupational or physical therapy, or special classes. Eighty-three percent of the parents participating in the interviews reported that their children spent some part of a day in a location other than with the FFN caregiver.

#### **Design**

Focus groups were conducted in two "phases."

In Phase 1, caregivers discussed a) concerns and challenges related to the development of the children for whom they provided care, b) wants and needs as well as barriers to providing care, and c) methods for addressing wants and needs. Parents discussed similar topics as they pertained to their FFN caregivers.

<u>In Phase 2</u>, a new group of participants reviewed results from Phase 1 as well as potential materials for a Supplemental Materials Packet.

Protocols were developed for each set of focus groups and piloted with appropriate participants. Each focus group was conducted by two trained facilitators who were selected based on the ethnicity and language requirements of a particular group.

<u>For the interviews</u> with parents/caregivers of children with disabilities and other special needs, two interview protocols were developed: one for use with caregivers and one for parents. The protocols included information on the project and asked questions about 1) the child's special need, 2) the schedule for providing care, 3) challenges faced, 4) needs, and 5) knowledge about First 5 and CPR training. The caregiver interview protocol also included optional questions about education and training. Two ETR staff members interviewed most of the participants.

# **Findings**

The findings below represent the **most popular responses** from focus group and interview participants.

# **Concerns and Challenges**

The participants in both focus group phases generally were in agreement about their top concerns and challenges. Those most often mentioned were related to:

- > nutrition, especially due to children not eating or being picky eaters.
- > inappropriate behavior,
- difficulty sharing, and
- differences in parents' expectations and rules for their children (i.e., children have less structure and different rules at home and often misbehave with parents, and this behavior often carries over into the childcare setting).

Challenges mentioned in the interviews with parents/caregivers of children with disabilities and other special needs included those related to the specified children's:

- physical difficulties, including difficulty moving or sitting, medical problems or persistent illness, needs for special equipment, and needs for special care to keep healthy and
- behavior, including poor attention spans, inability to sit for even short periods of time, hyperactivity, tantrums, easily frustrated, or not recognizing dangerous situations.

#### **Needed Materials**

Almost all groups of focus group participants expressed the need for:

books, particularly board books, educational books (especially alphabet books), and bilingual books (liked by English-speaking as well as Spanish-speaking caregivers),

- educational toys (e.g., puzzles and blocks), and
- arts and craft supplies such as paper, paint, crayons, and play dough.

Participants in the materials review phase of the focus groups reviewed several toys and other materials for activities. The favored toys in the review materials were **puppets**, a 'soft shapes' book (a thick, foam book with removable puzzle-type pieces), and alphabet and shape dough cutters, which were presented along with a play dough recipe.

Participants in the interviews with parents/caregivers of children with disabilities and other special needs also requested toys, especially toys that help with a child's unique physical or sensory need. These toys would be stimulating and colorful with sound or lights. Some may even use words and help with speech.

#### <u>Information</u>

All participants were asked about the types of information they would find most valuable. Most often requested was:

- information about children's development, particularly about what is 'normal' at particular ages in terms of nutrition and physical development,
- training in first aid/CPR,
- information on specific medical needs of children (especially among caregivers of children with disabilities and other special needs),
- ideas of activities to do with children,
- > ideas for "positive" discipline,
- ideas on how to improve communication with children's parents,
- in interviews with parents/caregivers of children with disabilities and other special needs, information requested related to disabilities and special needs, either in general or about the specific disability or special need with which they were dealing (e.g., information on what are realistic developmental expectations for children with developmental disabilities, information on adaptive communication, ideas for activities to do with children with autism, information on how to address medical needs).

Additionally, in interviews completed during recruitment, 37% of the caregivers expressed an interest in **becoming licensed**; only about one-third of this 37% had ever attended a licensing orientation.

Participants in the materials review phase reviewed several formats for presenting information and ideas. The caregivers preferred:

- having information relevant to different ages on a single sheet that could be posted up so that it is always visible.
- > presenting the "big ideas" or most important information for a particular age,
- using many colorful, illustrative pictures or photos, and
- using simple language and few words in a large font.

A popular format for presenting ideas was through **activity cards**. The cards reviewed illustrated an activity appropriate for a particular age child on one side of the card and described the activity on the other. The cards were all bound together by a metal ring. What caregivers liked best about the cards were that they gave some developmental guidelines, that the picture was illustrative and made the cards useful to caregivers with low literacy, and that the ring kept all the cards together.

Caregivers reviewed different methods for receiving the requested information and ideas. They liked the following methods best:

- training sessions,
- videotapes,
- booklets or newsletters.
- > toll-free numbers.
- informational television or radio programs (although language was a concern), and
- meetings with other caregivers.

#### Resources

A very popular resource request among the focus group caregivers was for a way to get much needed **time off** or emergency back up. **Transportation** (e.g., for taking children on outings or to appointments, for attending training sessions) was another need mentioned in both focus groups and in interviews with the parents/caregivers of children with disabilities and other special needs. What was most appealing to caregivers was having some sort of van service (like dial-a-ride) with car seats set up specifically for caregivers to use.

Participants were asked about needs for community resources. They asked for:

- more or better parks or playgrounds,
- community resource centers,
- a special day of activities for them and the children in one of these community locations,
- a list of community services and resources that are available in their communities with descriptions or recommendations, and
- more or better libraries.

Participants in the interviews with parents/caregivers of children with disabilities and other special needs discussed wanting special equipment or programs at these locations for the children with disabilities and other special needs.

#### **Barriers**

When asked to discuss the barriers they faced in obtaining the desired materials or services, caregivers often mentioned:

- money/cost (caregivers mentioned they are paid little or nothing for their work and often are not reimbursed for materials and food).
- lack of knowledge of what to get or where to go and unavailable resources,
- language (many caregivers spoke little or no English), and
- transportation (many caregivers do not drive, and public transportation is not always available or reliable). Resources and services that are not home-based (including training sessions) need to provide transportation or be within walking distance.

### **Subgroup Results**

One of the goals of this project was to be able to reach some conclusions about different subpopulations participating in the focus groups. For the most part, comments were very similar across groups of caregivers. However, there were some variations:

- **Subsidy Status.** No real variations in responses related to participation in a subsidy program were observed.
- **Culture**. Recent immigrant populations appeared to have the greatest need for support. They face major language barriers when seeking services as well as transportation issues.

The Asian immigrants in our sample appeared more isolated from services than other groups were. According to field coordinators or focus group facilitators from within the Asian community and some of the Asian parents who participated in the focus groups, some Asian FFN caregivers and families may have a lack of trust of public agencies or unwillingness to access the agencies for help. Also, some of the Asian immigrants expressed concerns related to the different culture in the United States around child rearing, especially as it related to discipline (e.g., they said that physical discipline is more widely accepted in their countries). Finally, relevant resources (e.g., training sessions, informational materials) are not always offered in the particular languages needed.

- **Location.** For the most part, the needs were similar among caregivers in rural (i.e., outside of metropolitan statistical areas) and urban areas, but the need was greater in more rural areas because of the fact that fewer resources generally are available to them in their local communities.
- Local Resources. Differences were noted among groups who were more connected to local childcare agencies (e.g., were accessing services such as training) as opposed to those who were not. These were individuals who typically were identified through a database of individuals who had received services from the local Child Care Resource and Referral agency or who were receiving a check from the local Alternative Payment Program (in many cases the same agency). Participants who talked about greater use and familiarity of programs through the local agency appeared to be more educated about childcare and development issues, to have more available resources, and to be less isolated than those participants who were not accessing such services. It seems that access of local services typically had to do with availability (e.g., in some rural communities there was not a local Child Care Resource and Referral agency in close proximity to the community) and outreach (some local agencies were not conducting outreach or were just beginning to outreach to the FFN population).

#### Summary

Much was learned in the process of conducting these groups:

- It is difficult but not impossible to locate FFN caregivers.
- Using local field coordinators and matching facilitator and participant ethnicities kept participation rates high and seemed to put participants at ease to open up and provide candid responses in the focus groups and interviews.
- The **more isolated** the caregivers are, the **more support** they seem to need. Those caregivers most in need of support are those who live in rural areas, areas with fewer resources, or recent or older immigrants. One of the most overwhelming desires expressed by caregivers was the desire to be linked to other caregivers for support.
- There was much commonality across caregivers in terms of challenges and needs. Many
  of the needs are somewhat easy to address such as needs for materials, information, and
  training. Others are more difficult, such as the need to set up networks or support systems
  for caregivers. Still others, such as creating more parks or improving community resources,
  would take collaboration with local and state agencies.

Finally, the FFN caregivers often expressed interest in obtaining training and informational materials, but made it clear that these trainings and materials would need to be relevant to them. Local agencies may want to extend the work here by meeting with local FFN caregivers to flesh out some of these specifics and create programs that best meet the needs of their particular populations.

### **Other Resources**

Several other related resources were developed through the First 5 Informal Child Caregiver Support Project. These include:

- 1. Two reports on the focus groups and interviews with FFN caregivers and parents using FFN care: one detailed technical report and a shorter, less detailed report.
- 2. A Resource Guide on effective and promising best practices for reaching, educating, and supporting FFN caregivers. This Resource Guide includes an extensive review of the literature on this population.
- 3. A report on supplemental materials for FFN caregivers.
- 4. A report on focus groups held with FFN caregivers on the usefulness of the Kit for New Parents for FFN caregivers.

### Website

All project reports are available at www.etr.org/FFN

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